REQUEST FOR PHYTOSANITARY CERTIFICATE

THE COLOT TOTAL	THI TOOMITAIN OLINIITOATE
FOR OFFICE USE ONLY	Date
Reference:	Name
	Phone
Certificate No	
Treatment/Fumigation Information	Shipment date PLEASE READ ATTACHED INSTRUCTION
Date	Treatment
<u>bace</u>	Treatment
Chemical	Concentration
Descri	ption of Consignment
Exporter's Name and Address	Importer's Name and Address
Quantity & Name of Produce	Botanical Name
Number & Description of Packages	
	Distinguishing Marks
Place(s) of Origin	
Point of Entry	Means of Conveyance
Billing address if different from Exporter:	We do not fax phytos or send to third party addresses (phytos will sent to either the company making the request or Exporter only)
	SEND TO:
-	
	ACCOUNT NUMBER: Indicate Method of Return: UPS- FED EX- DHL-U.S. MAIL
AC	KNOWLEDGMENT
	ined herein is complete and accurate to the best of my knowledge.
Date:	Signature:
RETURN TO:	IMPORTANT NOTICE THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
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ILLINOIS DEPARTMENT OF AGRICULTURE DIVISION OF NATURAL RESOURCES BUREAU OF ENVIRONMENTAL PROGRAMS 2280 BETHANY ROAD, STE B

DEKALB, ILLINOIS 60115 PHONE: 815-787-5476 FAX: 815-787-5488 THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER THE ILLINOIS REVISED STATUTES CHAPTER 5.

PARAGRAPHS 801THROUGH 828. FAILURE TO PROVIDE THIS SHALL PREVENT THIS FORM FROM BEING PROCESSED. IL 406-0934 (08/2007)

INSTRUCTIONS

Please Print or Type Legibly. If you have questions or need regulations, send e-mail to AGR.Phyto.Cert@illinois.gov Fax your completed request to 815-787-5488. Do not e-mail the completed requests. Please contact me if you would like an electronic version.

This form may be used to request Phytosanitary Certificates, Re-Export Certificates, or Processed Product Certificates.

Fumigation/Treatment Section: Some commodities require treatment before export. Include the date, the chemical name, the concentration, and treatment method that was used. Leave blank if treatment is not needed.

Exporter's Name and Address: Name of the company that is making the shipment.

Importer's Name and Address: Address of the final destination of your shipment.

Number of Packages: Total number of boxes, bags, containers, rail cars, etc.

Botanical Name: Scientific name of the commodity – genus and species.

Quantity & Name of Produce: Name of commodity and weight. <u>Kilograms</u> is the preferred unit of measure.

Point of Entry: Port city in the country of destination.

Distinguishing Marks: Railcar, Truck, Shipping Container Numbers, etc. We cannot refer to letter of credit numbers. This space is reserved for markings on the outer container(s) of your shipment only.

Origin: List the State(s) or Country from which the plant commodity was grown.

Means of Conveyance: Air Freight, Ocean Freight, Rail, Truck, etc.

Attach a copy of your field inspection and/or Lab reports with your request when necessary.

Include a copy of the import permit with this request if necessary. It should be translated into English. Requests may be refused without an import permit. The permit number will not be stated on the certificate unless a copy is attached to this request.

If you need regulations for the Country of your shipment, call the DeKalb Office 815-787-5476.

If the lower section of the request is blank, your completed certificate will be sent to the Exporter's Name and Address via U.S. Mail. Include account numbers for overnight delivery.

Phytos will only be sent to the Exporter's Address or to the company making the request. Phytos will not be sent to a 3^{rd} party address or faxed.

Phytos are done as quickly as possible. Same day service is not possible.

You will be billed for certificates at the end of each month.